UNITED STATES DISTRICT COURT

for the

Western District of Pennsylvania

Erie	Division
Thomas D. Rivers Jr.	Case No. /8-/8/ (to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)))) Jury Trial: (check one) ✓ Yes No)
-v- Gold Crown Billiards Inc.	RECEIVED
)) JUN 20 2018
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)) CLERK, U.S. DISTRICT COURT) WEST. DIST. OF PENNSYLVANIA

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 15 (R	ev. 12/16) C	Complaint for	Violation (of Civil I	Rights (Non-Prisoner)
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I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Thomas D. Rivers Jr.			
Address	30 West 34th			
	Erie	PA	16508	
	City	State	Zip Code	
County	Erie			
Telephone Number	814-459-6201			
E-Mail Address	triversjr@msn.com			

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1 Gold Crown Billiards Inc. Name Paul Schofield, President Job or Title (if known) 3866 Peach street Address Erie PA 16509 Zip Code City State Erie County Telephone Number 814-866-2035 E-Mail Address (if known) ✓ Official capacity Individual capacity Defendant No. 2 Name Job or Title (if known) Address State Zip Code City County Telephone Number E-Mail Address (if known) Individual capacity Official capacity

Pro Se	15 (Rev. 12/	(16) Complaint for Violation of Civil Rights (Non	-Prisoner)			
		Defendant No. 3 Name Job or Title (if known) Address				
		County Telephone Number E-Mail Address (if known)	City	State	Zip Code	
		Defendant No. 4 Name Job or Title (if known) Address	Individual capacity	Official capa	city	
		County Telephone Number E-Mail Address (if known)	City	State	Zip Code	
П.	Dasia	For Traindiction	Individual capacity	Official capa	city	
44.	Under immu Feder	Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics</i> , 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.				
	A.	Are you bringing suit against (checomology) Federal officials (a Bivens classical State or local officials (a § 19)	nim)			
	В.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory TITLE III of The Americans with Disable 1985]]." 42 U.S.C. § 1983. If you right(s) do you claim is/are be	are suing under secting violated by sta	ction 1983, what	
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what consofficials?	only recover for the violation stitutional right(s) do you clair	of certain constitu n is/are being viola	ational rights. If you ated by federal	

	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	G4 4	ment of Claim
	State a allege furthe any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain tent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	Where did the events giving rise to your claim(s) occur? Gold Crown Billiards Inc. failed to provide required handicapped parking at their retail store located @ 3866 Peach st., Erie PA 16509
	В.	What date and approximate time did the events giving rise to your claim(s) occur? Violation commenced upon October 14th or sooner and are on going. October 14th 2014 thru June 20th, 2018 and continuing.
	C.	What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) I became aware that the property was in violation of TILE III When I attempted to join friends there, and saw that there are no required ADA compliant parking spaces. I took photographs with my digital camera and spoke with the bartender and advised her they were in violation of Title III of the ADA. I left my name and phone number with the employee on duty and asked the owner to call me. I waited weeks and returned sever times, leaving my information several times. In the summer of 2017 I spoke with a male who said he was the manager and left my information again and was assured that Mr. Schofield would contact me. That never happened. Upon waiting a reasonable time for the owner to comply I filed suit

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IV.	Inn	ıries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. I was denied my civil rights of equal access under title III the ADA for more than 4 years.

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I seek monetary damages \$150,000, a sufficient amount to discourage this violator and other future violators from discriminating against physically disabled citizens.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	June 20th 2018		
	Signature of Plaintiff Printed Name of Plaintiff	Thomas D. Rivers Jr. PRO SE	<u> </u>	
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm			
	Address			
		City	State	Zip Code
	Telephone Number			
	E-mail Address			